

## CLAIMS ONLY

Application Number

10604025

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3	1					
4	1					
5		1				
6		1				
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48						
49						
50						
Total Indep	6					
Total Depend	2					
Total Claims	8					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
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100						
Total Indep						
Total Depend						
Total Claims						

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